## Health Care Provider Demographic Survey

The Nevada State Health Division, in collaboration with the University of Nevada School of Medicine, Nevada Medicaid and the Nevada Office of Rural Health, is asking that you complete the following brief survey in order to gain a better understanding of the health care workforce in Nevada. Participation assures policy makers and legislators have accurate and timely information that can be used to analyze the health care provider workforce and guide policy development. The workforce data will not be released to any person or agency other than those few people who need the data to perform their workforce analysis. Once you have completed the survey, please fax to (775)684-5915 or email to primarycare@health.nv.gov

We know that your time is valuable. By coordinating our efforts with the Board of Dental Examiners, we hope to reduce the need for individual calls to each and every practice in the state, which depletes the state's limited resources, as well as yours. We greatly appreciate your assistance!

Please prov	ide office contact information in case cla	rification is needed:	
Office Ma	nager's Name:		
Phone Nu	mber:		
Email Add	lress:		
Comments	S:		
N			
Name of Licensee:			DDS/DMD RDH
0	Primary Practice Address:		
	t indicate your home address – if no practice a		
City:	Zip:	# of hours/week in direct patient care:	
Percentage of dental practice Medicaid?		Percentage of dental practice Medicare?	
Are you acc	cepting new patients?		
Please Select One		Please Select One	How much longer do
Specialty: (if applicable)		Majority of Dental Practice is in:	you anticipate practicing
	Surgery	General Dentistry	medicine in Nevada?
	Radiology	Dental Hygiene	< 5 years
	Pathology	Administration	6-10 years
	tric Dentistry	Research	11-15 years
	odontics	Teaching/Education	> 16 years
	dontics	Retired	
	hodontics	Non-Patient Activities or Other	
	odontics		
Publi	c Health		